

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # F42335**

1. Entity Name  
COMMUNICATION SPECIALISTS, INC.



Principal Place of Business  
150 AVENUE B SE  
WINTER HAVEN, FL 33880 US

Mailing Address  
150 AVENUE B SE  
WINTER HAVEN, FL 33880 US

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

COMKOWYCZ, SHARON  
150 AVE B SE  
WINTER HAVEN, FL 33880

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.  **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE: P  
NAME: COMKOWYCZ, SHARON  
STREET ADDRESS: 150 AVE B SE  
CITY-ST-ZIP: WINTER HAVEN, FL 33880

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

**DO NOT WRITE  
IN THIS SPACE**

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Sharon Comkowycz*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/04 863-294-1429  
Date Daytime Phone #